

Paralegal Program
Transcript / Certificate Request Form



Name: _____

Name on previous records (if different): _____

USD ID# or SSN: _____ Phone: _____ Email: _____

Address: _____
Street City State Zip

When did you attend the Paralegal Program? Day Evening Year: _____

Term(s): Spring Summer Fall Graduation Date: _____

Replacement Certificate: \$15 --- Official Transcript: \$15 per copy

I am requesting a replacement certificate be sent to the address listed above.

I am requesting _____ copies of my official transcript be sent to the address(es) below.

** If requesting multiple copies to the same address, please indicate if they should be sent in separate envelopes.*

Please send _____ copies of my official transcript to:

Name/School: _____

Address: _____

Separate envelopes?
 Yes No

Please send _____ copies of my official transcript to:

Name/School: _____

Address: _____

Separate envelopes?
 Yes No

Please send _____ copies of my official transcript to:

Name/School: _____

Address: _____

Separate envelopes?
 Yes No

I have submitted or will submit payment for the above request by: Check
 Money Order

Requests will be honored only if financial obligations to the University have been met.

In compliance with the Privacy Act of 1974, the University of San Diego prohibits any person other than the student from requesting copies of school records.

Signature: _____ Date: _____